

**APPLICATION DATA SHEET**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title :: POLYMALIC ACID-BASED MULTI-FUNCTIONAL DRUG DELIVERY SYSTEM

Attorney Docket Number:: 67789-586

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: Yes

Petition included?:

Petition Type::

Licensed U.S. Gov't Agency:: No

Contract or Grant No::

Secrecy Order in Parent Appl.?:

## **First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Julia
Middle Name::	Y.
Family Name::	Ljubimova
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City of Residence::	Studio City
State or Province of Residence::	CA
Country of Residence::	US
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City of mailing address::	Studio City
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	91604

## **Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Keith
Middle Name::	L.
Family Name::	Black
Name Suffix::	
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State or Province of Residence::	CA

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City of mailing address:: Los Angeles  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 90077

### **Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Eggehard  
Middle Name::  
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State or Province of Residence::  
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City of mailing address:: Regensburg  
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Country of mailing address:: DE  
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## Correspondence Information

Correspondence Customer Number:: **50670**

Name::

Street of mailing address::

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E-Mail address:: sethlevy@dwt.com

## Representative Information

Representative Customer Number::		<b>50670</b>
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/040660	12/03/2004
PCT/US2004/040660	An application claiming the benefit under 35 USC 119(e)	60/527,330	12/05/2003

**Assignee Information**

Assignee name::	Cedars-Sinai Medical Center
Street of mailing address::	8700 Beverly Boulevard
City of mailing address::	Los Angeles
State or Province of mailing address::	CA
Country of mailing address::	US
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**Assignee Information**

Assignee name::	Arrogene, Inc.
Street of mailing address::	8631 West Third Street, Suite 800E
City of mailing address::	Los Angeles
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	90048